AUTHORIZATION

(Prisoner's Account Only)

Case No

NOTE: Completing this authorization form satisfies your obligation under 28 U.S.C. § 1915(a)(2) to submit a certified copy of your trust fund account.

HARDDAE, request and authorize the agency holding me in custoo to send to the Clerk of Court, United States District Court for the Middle District of Pennsylvania, certified copy of the statement for the past six months of my trust fund account (or institutional equivalent at the institution where I am incarcerated. I further request and authorize the agency holding me in custod to calculate and disburse funds from my trust account (or institutional equivalent) in the amounts specifie by 28 U.S.C § 1915(b).

This authorization is furnished in connection with the filing of a civil action, and I understand th the filing fee for the complaint is \$150.00. I also understand that the entire filing fee will be deducted fro my account regardless of the outcome of my civil action. This authorization shall apply to any oth agency into whose custody I may be transferred. RECEIVED

SCRANTON

NOV 3 0 2000

Signature of Prisoner